

**EMT-Basic Application**

The National Registry  
of Emergency  
Medical Technicians

I am submitting this application to test at

Name of Facility \_\_\_\_\_ in \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ on \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Office Use Only**

<b>B</b>									
Date Received									
Fee Number									
Written Exam Date									

Application Date  -  -   
Social Security Number  -  -

Have you ever applied for NREMT-B registration? ☐ Yes ☐ No

If you possess current state certification as an EMT, please list your current state EMT certification number in the space provided and attach a copy of your current EMT card

**Current EMT Number**

Please attach copy of card

Last Name

First Name

MI

Mailing Address

Program Code

 - 

City

State

Zip Code + 4

 - 

Gender

☐ Male

☐ Female

Date of Birth

 -  - 

**APPROVED EMT-B COURSE:** Applicant must have completed an approved EMT-Basic Training Program that equals or exceeds the objectives of the National Standard EMT-Basic Curriculum. Attach a copy of your course completion certificate or a copy of your current EMT-B card. If your initial EMT-Basic training program is more than two years old or you hold current state certification as an EMT-Basic, you must document completion of 24 hours of approved EMT-B refresher training within the past two years and attach official documentation to this application.

Name of initial training institution or agency	Street Address	City	State	Zip Code
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Initial Course Instructor/Course Coordinator	Course Completion Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Classroom Hours <input type="text"/>
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Refresher Course Instructor/Course Coordinator	Refresher Completion Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Classroom Hours <input type="text"/>
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What is the highest level of education you have completed?

- ☐ Didn't complete high school  
☐ High school graduate/GED  
☐ Associate's degree  
☐ Bachelor's degree  
☐ Graduate degree

Please indicate the type of EMT-B service you are or will be affiliated with. (mark all that apply)

- ☐ Fire Department ☐ U.S. Government  
☐ Private ☐ Army  
☐ Hospital-Based ☐ Navy  
☐ 3rd-Service ☐ Air Force  
☐ Volunteer ☐ Coast Guard  
☐ Other

Will you be paid for your services as an EMT-B?

- ☐ Yes  
☐ No  
☐ Not yet affiliated

Ethnic Origin

- ☐ Native American  
☐ Asian  
☐ Black  
☐ Hispanic  
☐ White  
☐ Other

**Licensing Action and Felony Statement**

☐ Yes ☐ No

Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?

**If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case**

☐ Yes ☐ No

Have you ever been convicted of a felony

**Candidate Statement and Signature:** I hereby affirm and declare that the above information on this application is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation. I further agree to abide by all policies and procedures of the National Registry of EMTs, and hereby authorize the NREMT to release my examination scores to the teaching institution/agency, any state office of Emergency Medical Services, or any agency authorizing the legal right to practice. I further permit the NREMT to release my current status (registered or not registered) with the NREMT to the public 30 days following mailing of my test scores.

Applicant Signature

**EMT-Basic Practical Examination Verification**

This is to verify that on  -  -  , \_\_\_\_\_ completed a state-approved practical examination at \_\_\_\_\_ Date (MM-YYYY)

Candidate's Name

Examination Site and State \_\_\_\_\_  
equal to or exceeding the criteria established by the NREMT and performed satisfactorily so as to be deemed competent in the following skills:

Patient Assessment/Management - Trauma  
Patient Assessment/Management - Medical  
Cardiac Arrest Management/AED

Bag-Valve-Mask (Apneic Patient)  
Spinal Immobilization (Seated or Supine Patient)  
Random Skill Verification \_\_\_\_\_

Physician Name (Print or Type)

Agent or Assignee's Name (Print or Type)

Physician Signature

Agent or Assignee's Signature

License #

Agent or Assignee's Title

## Section I: CPR Credential

As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

Adult 1 & 2 Rescuer CPR  
Adult Obstructed Airway Maneuvers  
Child CPR  
Child Obstructed Airway Maneuvers  
Infant CPR  
Infant Obstructed Airway Maneuvers

Verifying Signature \_\_\_\_\_

Date \_\_\_\_\_

CPR Expiration Date

		-			-				
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*Please submit a copy of your current CPR card and/or ensure the appropriate verification signatures are affixed to this section of the application*

## Section II: Statement of Competency in EMT-Basic Skills

As the EMT-Basic Training Program Director or service director of training/operations, I verify that \_\_\_\_\_ (Candidate's Name)  
has been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

Patient Assessment/Management - Trauma  
Patient Assessment/Management - Medical  
Cardiac Arrest Management/AED  
Bleeding Control/Shock Management  
Bag-Valve-Mask Apneic Patient  
Supplemental Oxygen Administration  
Upper Airway Adjuncts and Suction

Mouth-to-Mask with Supplemental Oxygen  
Spinal Immobilization Supine Patient  
Spinal Immobilization Seated Patient  
Long Bone Immobilization  
Joint Dislocation Immobilization  
Traction Splinting

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_ Telephone # \_\_\_\_\_

## Character Reference

Name	Street Address	City	State	Zip Code
National Registry EMT-Basic Application Information				

## Entry Requirements:

1. Successful completion of a state-approved EMT-Basic training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Basic National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
2. If the candidate's initial EMT-Basic training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-Basic, the candidate must document completion of 24 hours of state-approved EMT-Basic refresher training that meets all objectives of the current EMT-Basic National Standard Refresher Curriculum. Program completion date can be no older than 24 months from the date of testing.
3. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.
4. The **EMT-Basic Practical Examination Verification** section of the application must be signed by the Physician Medical Director or the agent or assignee of the physician attesting to the candidates successful completion, within the past 12 months, of a practical examination that meets or exceeds the criteria established by the NREMT.
5. **Section II : Statement of Competency in EMT-Basic Skills** (above) must be signed by the EMT-Basic Training Program Director or the Director of Training/Operations. **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
6. Submission of a completed application and official course completion documentation attesting to the above requirements as well as all other published entry requirements of the National Registry of EMTs.
7. A non-refundable, non-transferable application fee of \$20.00, payable to the National Registry of Emergency Medical Technicians, must be submitted with this application. Each attempt of the written examination requires submission of an application and a \$20.00 non-refundable, non-transferable application fee.
8. Successful completion of the National Registry EMT-Basic written examinations.

## Checklist for Submitting an Application for the National Registry EMT-Basic Examination Process:

1. Have you, your Physician Medical Director, and/or your training director or service director of training/operations signed the application? **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
2. Have you attached a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Basic training which meets or exceeds the behavioral objectives of the current EMT-Basic National Standard Curriculum?
4. Have you filled in all of the information requested on the application, including the felony statement?
5. Have you attached a check or money order in the appropriate amount to this application. Each attempt of the written examination requires submission of an application and a \$20.00 non-refundable, non-transferable application fee.
6. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
7. For more information please visit our homepage at <http://www.nremt.org> or contact us via telephone at (614) 888-4484.

**Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.**